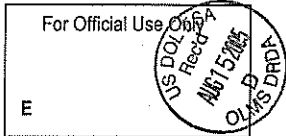


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8102	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name James Boland P.O. Box, Bldg., Room No., if any Street 1776 Eye Street, NW City Washington State District of Columbia ZIP Code + 4 20006	4. Name, file number, and address of labor organization. Name Intl Union of Bricklayers & Allied Craftworker Labor Organization File Number 000-034 P.O. Box, Building and Room Number, if any Suite 600 Street 1776 Eye Street, NW City Washington State District of Columbia ZIP Code + 4 20006
5. Position in labor organization. Secretary-Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *James Boland* On **8/15/05** **202-783-3788**
Date Telephone Number

Name of Person Filing James Boland

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Masonry Institute

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 42 East Street

City Annapolis

State Maryland ZIP Code + 4 21401

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Contributions are made to IMI pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IMI contracts for services from the Union such as accounting, collection, data processing, human resources, meeting planning, etc

11.b. Approximate dollar value of such dealing.

\$3,834,679

12.a. Nature of interest held or income received.

Business expense reimbursement for lodging, meals, phone and equipment at Winter Cluster Meeting Feb '04; business expense reimbursement for meals at Annual Meeting Nov. '04

12.b. Amount.

\$2,284

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Port Morris Tile & Marble Corp.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1285 Oak Pointe Ave

City Bronx

State New York ZIP Code + 4 10474

14.a. Nature of payment.

Attended Dinner Reception celebrating the 100th Anniversary of the Founding of this entity. The Reception was open to numerous representatives throughout the masonry industry

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

Approx. \$100

Name of Person Filing James Boland	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name International Trowel Trades Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1776 Eye St, NW, Suite 700</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Contributions are made to IPF pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IPF contracts for services from the Union such as accounting, collection, data procesing, human resources, meeting planning, etc.</p> <p>11.b. Approximate dollar value of such dealing. \$3,090,813</p> <p>12.a. Nature of interest held or income received.</p> <p>Business expense reimbursement for: lodging, meals, phone & equip. at Winter Cluster Mtg Feb '04; lodging, parking, meals, phone & miscel. expenses at Spring Cluster Mtg May '04; meals at Board of Trustee Mtg Nov. '04. Concert Tickets summer '04</p> <p>12.b. Amount. \$3,065</p>

Name of Person Filing James Boland

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name International Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye St, NW, Suite 600

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Contributions are made to IHF pursuant to collective bargaining agreements negotiated by the Union and its affiliates. IHF contracts for services from the Union such as accounting, collection, data processing, human resources, meeting planning, etc

11.b. Approximate dollar value of such dealing.

\$816,948

12.a. Nature of interest held or income received.

Business expense reimbursement for: lodging, meals, phone and equipment at Winter Cluster Meeting Feb '04; meals at Board of Trustees Meeting Nov. '04

12.b. Amount.

\$1,154

Name of Person Filing James Boland

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Local Officers and Employees Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye St, NW, Suite 700

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

LOEPF contracts for services from the Union such as accounting, data procesing, human resources, meeting planning, etc

11.b. Approximate dollar value of such dealing.

\$97,422

12.a. Nature of interest held or income received.

Business expense reimbursement for lodging, meals, phone and equipment for Winter Cluster Meeting Feb '04

12.b. Amount.

\$1,130

Name of Person Filing James Boland

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name National Refractory Joint Industry Comm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye St, NW, Suite 600

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Contributions are made to the JIC pursuant to collective bargaining agreements negotiated by the Union.

11.b. Approximate dollar value of such dealing.

\$80,838

12.a. Nature of interest held or income received.

Business expense reimbursement for lodging, meals, phone and equipment for Winter Cluster Meeting Feb '04

12.b. Amount.

\$1,130

Name of Person Filing James Boland

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Calibre CPA Group/ Bill Vorhees

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1850 K Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Union Auditor

11.b. Approximate dollar value of such dealing.

\$199,822

12.a. Nature of interest held or income received.

Business lunch in August 2004

12.b. Amount.

\$34

Name of Person Filing James Boland

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name J M Zell Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 850

Street 1900 K Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Real estate consulting, brokerage, and related services. Also served as construction manager for new headquarters building.

11.b. Approximate dollar value of such dealing.

\$1,700,000

12.a. Nature of interest held or income received.

Catered dinner affair following closing on 620 F Street property, location of new headquarters building.

12.b. Amount.

approx. \$75

Name of Person Filing James Boland	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="GESD Capital Partners, LLC"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 1450"/></p> <p>Street <input type="text" value="221 Main Street"/></p> <p>City <input type="text" value="San Francisco"/></p> <p>State <input type="text" value="California"/> ZIP Code + 4 <input type="text" value="94105"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Internatinal Trowel Trades Pension Fund"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1776 Eye St., NW, Suite 700"/></p> <p>City <input type="text" value="Washington"/></p> <p>State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20006"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px;"> <p>IPF invests in private equity funds managed by GESD, under the direction of a QPAM.</p> </div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$94,467"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Holiday food gift basket.</p> </div> <p>12.b. Amount. <input type="text" value="\$147"/></p>

Name of Person Filing James Boland

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Marco Consulting Group/Jack Marco

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 550 West Washington Blvd

City Chicago

State Illinois ZIP Code + 4 60661

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Trowel Trades Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 700

Street 1776 Eye Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

11.a. Nature of such dealing.

Investment Consultant

11.b. Approximate dollar value of such dealing.

\$90,000

12.a. Nature of interest held or income received.

I believe that during 2004 I may have attended 2 or 3 business meals following IPF Trustee or Administrative Committee Meetings, attended by other Trustees and service providers, for which Jack Marco paid.

12.b. Amount.

Unknown